

GOALS OF THE CORNER/MEDICAL EXAMINER INVESTIGATOR

The main goal of the death investigator should be to gather as much information from the body of the deceased as possible in order to accurately determine the cause, manner and time of death. While gathering and preserving evidence the investigator should do everything in his/her power to preserve the integrity of the decedent.

The investigator also has a responsibility to the family of the decedent. After the initial investigation it is the coroners responsibility to notify next of kin. The coroner should also explain to the family his/her decision to have an autopsy performed, why one should be performed, where the decedent will be taken for the procedure and when to expect the body to be returned to the funeral home.

The investigator becomes the eyes, ears, and mouth of the decedent the last hours of that persons life and should tell the decedents story prior to the decedents death.

STATE STATUE GOVERNING THE MISSISSIPPI MEDICAL EXAMINER ACT

History of the Medical Examiner Act

Prior to the 1986 Mississippi Medical Examiners Act death investigation was carried out under the Coroner Inquest System. All records were maintained by the Coroner and filed at the County Courthouse.

In 1986 the Mississippi Medical Examiner Act was repealed and the Coroner system was amended. This is the system that is currently in effect.

It was necessary to make modifications to some of the statutes in the 1986 Mississippi Medical Examiners Act. These changes are reflected in the section listed as Rules and Regulations in this handbook. The amended law was filed with the Secretary of State in 1991 and these changes further delineate the original law.

The following statutes have been clarified in the Rules and Regulation:

§41-61-53

§41-61-59

§41-61-65

There are some laws that are addressed in the Public Health Law and are not listed in the Medical Examiner Law that you will make reference to from time to time. These laws are listed in this handbook following the laws for the Medical Examiner.

RULES AND REGULATIONS

MISSISSIPPI BOARD OF MEDICOLEGAL DEATH INVESTIGATIONS

1. The rules and regulations herewith filed replace and supersede all preceding rules and governing medical examiner cases filed with the Mississippi Secretary of State.
2. **DEFINITIONS:** All definitions set forth in §41-61-53 of the Mississippi Statutes shall apply in these Rules and Regulations. When used in these Regulations, the term Medical Examiner Case means any human death required by §41-61-59 of the Mississippi Statutes to be investigated and certified by the Medical Examiner.
3. **DELAYED DEATHS:** Where death is related to injury of any type as defined in §41-61-59 of the Mississippi Statutes, such death is subject to the jurisdiction of the Medical Examiner irrespective of the period of survival following the injury and whether or not there was medical attendance at the time of the injury or during the period of survival.
4. **UNATTENDED DEATHS:** Deaths due to natural causes are Medical Examiner cases unless the decedent is under the care of a medical or osteopathic physician for the natural disease process to which the decedent has succumbed. As provided in §41-61-59 of the Mississippi Statutes, medical attendance must be within thirty-six (36) hours preceding death, or in a pre-diagnosed or bedfast cases within (30) days preceding death. Documentation of medical attendance must be in writing and the medical or osteopathic physician in attendance must be licensed to practice in the State of Mississippi.

A physician need not have physically examined the deceased nor been personally and physically present within the aforementioned time limits in order to be considered in attendance. Medical records or other written documentation of prescriptions, telephone consultations or other evidence that the physician has continuously assumed responsibility for the care and treatment of the decedent shall suffice as evidence for medical attendance.

5. **HOSPITAL DEATHS - AUTOPSIES:** §41-61-59 of the Mississippi Statutes is specific as to which human deaths are subject to the investigation of the Medical Examiner. When such deaths occur in a hospital, clinic, doctor's office or other health care facility, the attending physician is responsible for notification of the Medical Examiner. The attending physician must not request permission for autopsy from the next-of-kin until the Medical Examiner has been notified and has made a decision as to whether or not an autopsy is required in accord with provisions of §41-61-65 of the Mississippi Statutes. If the Medical Examiner case is not to be subjected to autopsy in accord with these provisions, the attending physician may then request permission for a private autopsy from the appropriate individual. The Medical Examiner still has responsibility for investigation and certification of such cases and copies of findings and interpretations of any such private autopsy shall be submitted as provided in §41-61-65.

If, during performance of an autopsy on a case which is not under the jurisdiction of the Medical Examiner, the findings, e.g., evidence of trauma or poisoning, indicate that the death should properly be a medical examiner case, the Pathologist performing the autopsy shall immediately

discontinue the procedure and notify the Medical Examiner of the findings.

6. **DEATHS DURING MEDICAL PROCEDURES:** In order for a death occurring during a therapeutic procedure to be a Medical Examiner case, the death must be medically unexpected. So that proper investigation can be made in Medical Examiner Cases, the attending physician must immediately notify the Medical Examiner when death is pronounced. In such Medical Examiner cases all apparatus of any type which was utilized in the therapy of the patient at the time of death, including but not limited to intravenous set-ups and medications, electrical equipment, anesthesia machines and their connections and gas cylinders must remain in place as they existed at the time of death and may not be disturbed or removed until and unless permission from the Medical Examiner is obtained.
7. **SPECIMENS FOR TOXICOLOGIC EXAMINATION:** In all Medical Examiner cases the investigating Medical Examiner shall obtain specimens of blood, urine and/or vitreous humor as the condition of the body permits. If the patient has been treated in a hospital, emergency room, or other health care facility immediately prior to death, such specimens should be taken into custody by the investigating Medical Examiner. With the exception of motor vehicle fatalities (see below), specimens obtained as noted above may be submitted immediately for toxicologic examination or may be retained in refrigerated storage for examination at a later time, at the discretion of the investigating Medical Examiner. In all instances of motor vehicle fatalities, including operators, passengers and pedestrians, specimens shall be submitted to the Mississippi Crime Laboratory for toxicologic examination. If toxicologic examination is deemed necessary, and the condition of the body prohibits recovery of urine, blood or vitreous humor, specimens of brain, lung, kidney, spleen and/or other tissues should be submitted for analysis.
8. **EMBALMING OF MEDICAL EXAMINER CASES:** Since the chemical compounds used in embalming may alter the characteristics of body tissues, make toxicologic procedures difficult and more costly, or render toxic agents undetectable, the Medical Examiner must completely examine the body of the deceased and obtain appropriate specimens for toxicologic examinations prior to any embalming procedure, in all Medical Examiner cases. Any Medical Examiner case to be subjected to autopsy under the provisions of **§41-61-65** not under any circumstances be embalmed prior to autopsy unless permission is given for such procedure by the Medical Examiner.
9. **TRAINING AND CONTINUING EDUCATION PROGRAM:**
 - 9.1 **CERTIFICATION:** All death investigation training, including continuing education, for Mississippi Coroner Medical Examiners (Chief and Deputy County Medical Examiners and County Medical Examiner Investigators) shall be certified by the State Medical Examiner's Office in accordance with Mississippi Statutes and the Rules and Regulation.
 - 9.2 **BASIC TRAINING:** All individuals who are elected or appointed as Medical Examiner Investigator or Deputy Medical Examiner Investigator, before taking the oath of Office, attend the Death Investigation Training School provided by the Mississippi Crime Laboratory and the State Medical Examiner. The school will be offered approximately once every two years and will ordinarily be a five day school conducted primarily at the Mississippi Law Enforcement Officers Academy in Jackson.

- 9.3 **INTERIM TRAINING:** If an occasion arises requiring appointment of a Deputy or Chief Medical Examiner Investigator during that period of time between scheduled Basic Death Investigation courses, individuals thus appointed may be permitted to take Office upon completion of the Interim Medicolegal Death Investigation Course offered by the State Medical Examiner's Office. This ordinarily will be a one day course and can be scheduled with the State Medical Examiner's Office on an as needed basis. Individuals successfully completing the Interim Course must then additionally complete the five day Basic Death Investigation Training School on the next occasion of its offering and must also fulfill the continuing education requirements as certified by the State Medical Examiner's Office.
- 9.4 **ADVANCED TRAINING:** All individuals who have attended the Basic Death Investigation Training School must, at least once every four years, attend the Advanced Death Investigation Training School provided by the Mississippi Crime Laboratory and State Medical Examiner. This ordinarily will be a one or two day Advanced Refresher Course offered in conjunction with the Mississippi Law Enforcement Officers' Training Academy.
- 9.5 **SUBSTITUTE TRAINING:** No substitutions can be made for the five day Basic Death Investigation Training School. If attendance at the school becomes difficult or impossible due to illness or other emergencies, the candidate should contact the State Medical Examiner immediately regarding alternative arrangements. Other courses, schools or additional forms of training may, however, be substituted for either the Interim or Advanced Courses if candidates or Medical Examiners wish to make their own arrangements, or if they have special expertise at the time of their appointment. Such substitution is at the discretion of the State Medical Examiner who should be contacted well in advance.
- 9.6 **TESTING:** All individuals completing the Basic, Interim and Advanced Training Courses must successfully complete testing on the subject material by the State Medical Examiner.
This includes those individuals who have substituted alternate forms of training for either the Interim or Advanced Courses.
- 9.7 **CONTINUING EDUCATION:** Every Medical Examiner is required to complete a minimum of twenty-four (24) hours of continuing education as certified by the State Medical Examiner, during each successive twelve (12) month period following election or appointment. Acceptable continuing education activities include, but are not restricted to the following:
- a. **DISTRICT MEETINGS** - Two (2) hours credit will be allowed for attendance at each District Meeting of the Mississippi Coroner/Medical Examiner Association, up to a maximum of twelve (12) hours credit per twelve (12) month period.
 - b. **AUTOPSIES** - Two (2) hours will be allowed for attendance at an autopsy, up to a maximum of six (6) hours per each twelve (12) month period. The Coroner/Medical Examiner should actually be present at the entire autopsy, and

the continuing education documentation form should be co-signed by the attending Pathologist.

- c. **DEPARTMENT OF PUBLIC SAFETY** - Continuing education credit will be allowed for attendance at schools, seminars or other activities conducted by various agencies of the Department of Public Safety, insofar as such activities pertain to medicolegal investigations. Examples would be seminars conducted by the Mississippi Crime Laboratory, the State Medical Examiner's Office, or the Mississippi Law Enforcement Officer's Training Academy. The hours allowed will be designated by the specific agency involved for the specific training program which is being offered.
- d. **OTHER** - Continuing education credits will be allowed for virtually any training course, seminar or other similar activity insofar as that activity pertains directly to medicolegal death investigation. This includes courses of seminars offered by schools or colleges, law enforcement agencies and others, as well as training courses offered outside the State of Mississippi. Prior approval before credit should be obtained by contacting the State Medical Examiner's Office.
- e. **DOCUMENTATION** -Documentation of all continuing education activities will be by means of forms provided for the purpose of the State Medical Examiner's office. A separate signed form should be submitted for each particular continuing education program or activity for which a Medical Examiner is seeking credit. If the activity is a group activity, all individuals attending the activity may submit their signatures on one form. Upon successful certification with respect to training and continuing education requirements, every Coroner/Medical Examiner will receive, during every successive twelve (12) month period within their term of office, a wallet size card issued by the State Medical Examiner, and attesting to completion of the requirements.

10. **DESIGNATED PATHOLOGIST PROGRAM:** The purpose of the Designated Pathologist Program is to identify, recruit and assist qualified Pathologists to perform consultations and to provided autopsy service in support of the Mississippi Medicolegal Death Investigation System. Pathologists so designated should have adequate training and experience in anatomic pathology with a special interest in forensic pathology. They will assist the County Coroner/Medical Examiner's and the State Medical Examiner's Office in the investigation of "deaths affecting the public interest" as defined by Mississippi Statutes. The Designated Pathologists will conform to all Mississippi Statutes concerning Medicolegal Death Investigations, and will abide by Rules and Regulations promulgated by the State Medical Examiner's office and the State Board of Medicolegal Death Investigations.

10.1 **GENERAL STANDARDS:**

- a. All Designated Pathologists will be physicians, (M.D. or D.O.) licensed to practice medicine in the State of Mississippi, and will be Board Certified or Board Eligible in Anatomic Pathology and have a special interest in Forensic Pathology.
- b. All autopsy reports will be completed in a timely manner (normally within thirty (30) days for routine cases and ninety (90) days for complex cases). Complete autopsy reports, including all findings and interpretations will be submitted promptly to the State Medical Examiner's Office, with copies furnished to the authorizing Medical Examiner's Office, District Attorney and Court Clerk, as required by Mississippi Statutes.
- c. Pathology residents at University of Mississippi Medical Center will be allowed to perform post-mortem examinations under the supervision of a Designated Pathologist in accordance with procedures established by the State Medical Examiner and the UMC Department of Pathology.
- d. The Designated Pathologist Review Committee will develop and maintain a Quality Assurance - Enhancement Program concerning performance of autopsies and other activities of Designated Pathologists within the medicolegal death investigation system. If the standard and quality of performance by any pathologist on the designated list does not meet minimal requirements as determined by the Designated Pathologist Review Committee, that pathologist may be removed from the designated list by a majority vote of the Committee, in accordance with procedures to be established by the Committee.

10.2 **DESIGNATED PATHOLOGIST REVIEW COMMITTEE:**

- a. Purpose of the Committee is to assist the State Medical Examiner's Office in the selection and supervision of qualified Designated Pathologists and to develop and maintain a Quality Assurance - Enhancement Program concerning the activities of those Designated Pathologists. The Quality Assurance - Enhancement Program will involve review and selected examples of post-mortem examinations, and other documents so as to recommend selection, retention, probation or dismissal of pathologists from the designated list.
- b. Membership - The membership of the Committee shall consist of the Mississippi State Medical Examiner, the President of the Mississippi Association of Pathologists or his designee and the President of Mississippi State Medical Association or his designee. The State Medical Examiner shall act as Chairman of the Committee.
- c. Meetings - The meetings of the Committee shall be held at least on an annual basis at the time of the Mississippi State Medical Association's annual meeting. Additional special meetings may be called by the Chairman of the Committee

and such special meetings may be conducted by telephone conference or other means.

- d. Administrative Support - Administrative support for the committee, including secretarial support and maintenance of records, will be provided by the State Medical Examiner's Office.
 - e. Records - The State Medical Examiner's Office will maintain records of the Committee including a file for each Designated Pathologist, that file to include a Curriculum Vitae as well as records of recommendations or actions of the Committee. Also included in each file will be representative examples of post-mortem examination reports and other pertinent data. These files will be confidential and access to the files will be limited to the Commissioner of Public Safety, the three members of the committee and the individual Pathologist involved. Except as otherwise provided in this section, these files are not public records as defined and addressed by the Mississippi Public Records Act of 1983 and access to such may only be had as provided in this Section.
 - f. Annual Report - A general summary report from the Committee will be prepared on an annual basis and submitted to the Department of Public Safety. A copy of this report may be made available on request to any interested party.
11. **APPEALS OF DEATH RULING:** §41-61-65 of the Mississippi Statutes provide that family members or others who disagree with a Medical Examiner's determination as to cause and manner of death shall be able to petition and present written argument to the State Medical Examiner for further review. If the petitioner still disagrees, they may petition the Circuit Court which may, in its discretion, hold a formal hearing. All cost of the petitioning and hearing shall be borne by the petitioner. The procedure for petitioning the State Medical Examiner's Office for purposes of appealing a death ruling shall be as follows:
- 11.1 Upon receipt of a petition regarding disagreement with any County Medical Examiner's ruling the State Medical Examiner will immediately contact the County Medical Examiner in question and discuss the case. Medical Examiners themselves may contact the State Medical Examiner if they know that such a petition is going to be submitted. Medical Examiner's should submit any additional documentation, photographs or other material as may be deemed necessary, in order to adequately review the case.
 - 11.2 The State Medical Examiner will conduct an investigation and review of the case which, in his/her discretion, may involve consultation with Crime Laboratory personnel, Attorneys, Firearm experts, Anthropologists and other individuals or agencies who might be able to provide helpful analysis and information.
 - 11.3 Upon completion of his/her investigation and review, the State Medical Examiner will submit a detailed conclusion in writing with copies both to the Medical Examiner in whose jurisdiction and death occurred and to the petitioner. If a change in the Death Certificate is deemed warranted by the State Medical Examiner, on the basis of his investigation, such change will not be submitted to the State Board of Health for a period

of no less than thirty (30) days, during which all parties involved will have an opportunity to submit additional information or points for discussion.

12. **DESCRIPTION OF ORGANIZATION:** Members of the public may obtain information or make submissions or requests concerning activities of the State Board of Medicolegal Death Investigations by contacting the State Medical Examiner's Office. Membership and activities of the Board are set forth in the Mississippi Statutes §41-61-59 (5): "A body composed of the State Medical Examiner, whether appointed on a permanent or interim basis, the Director of the State Board of Health or his designee, the Attorney General or his designee, the President of the Mississippi Coroners' Association (or successor organization) or his designee, and a certified pathologist, appointed by the Mississippi State Medical Association shall adopt, promulgate, amend and repeal rules and regulations as may be deemed necessary by them from time to time for the proper enforcement, interpretation and administration of §41-61-51 through 41-61-79, Mississippi Code 1972, in accordance with the provisions of the Mississippi Administrative Procedure Law, being §25-43-1 et seq., Mississippi Code of 1972".
13. **DEATHS FROM INJURIES IN OTHER COUNTIES:** An individual who sustains fatal injuries may, prior to death, be transported to a hospital in a county other than that in which injuries occurred. Such deaths must be reported to the Medical Examiner of the county in which the death occurs as required by §41-61-61. However, the death may subsequently be investigated and certified by the Medical Examiner of the county in which the fatal injuries occurred. In the event of a death of this type, the Medical Examiner of the county in which the death occurred will immediately contact the Medical Examiner of the county in which the fatal injuries occurred. Said Medical Examiners of the respective counties may then, at their discretion, make arrangements to either transfer or not transfer jurisdiction for further investigation and certification of the death, depending upon the specific circumstances and requirements of each individual case.

STATE STATUTE

**ADDITIONAL LAWS
AFFECTING THE CORONER**

§41-39-5. Disposition of unclaimed dead bodies.

Any physician, hospital, funeral director, embalmer, coroner or other person acquiring possession of a dead human body or portion thereof which is not claimed for burial or cremation within forty-eight hours of its acquisition shall give written notice hereof to the board of supervisors, or a member thereof, of the county in which the dead body or portion thereof is located, furnishing such identification of the decedent as may be available. The board of supervisors shall make reasonable efforts to notify members of the decedent's family or other known interested persons, and, if the dead body or portion thereof shall not be claimed for burial or cremation by any interested person within five days of the aforementioned written notice, the board of supervisors shall, as soon as it may think appropriate authorize and direct the burial or cremation and burial of the residue of such dead body or portion thereof. In its discretion and where otherwise permitted to do so by law, the board of supervisors may direct the disposition of the dead body or portion thereof as provided by section 41-39-7. The reasonable expense of such burial or cremation and burial of the residue of a dead body shall be borne by the estate of the decedent or any person liable at law for the necessities of the decedent during his lifetime or, if they are unable to pay the same, by the county in which the dead body or portion thereof is located.

If the person having possession of such dead human body or portion thereof shall have no available means of preserving the same and shall so notify the board of supervisors, or a member thereof, of the county in which the dead body or portion thereof is located, it shall be the duty of the board of supervisors to make arrangements for the preservation of the same until burial or cremation and burial of the residue of the dead body as hereinabove provided, and the expense of such preservation shall be borne as hereinabove provided with respect to the expense of burial or cremation.

SOURCES: Codes, 1942, §7068-03; Laws, 1964, ch. 436, §3, eff from and after passage (approved May 4, 1964)

Research and Practice References

22AmJur 2d, Dead Bodies § 1.
25A CJS, Dead Bodies § 5.

ATTORNEY GENERAL OPINIONS
AND
AMENDMENTS TO 41-61

This section includes judicial decisions and Attorney General opinions which pertain to specific sections of 41-61 as well as Legislative Amendments through 2003.

WHAT IS A MEDICAL EXAMINER CASE

WHAT IS A MEDICAL EXAMINER'S CASE

Mississippi Statutes require that any DEATH AFFECTING THE PUBLIC INTEREST be reported to the Medical Examiner of the County in which the death occurred. In all such cases any person who willfully moves, disturbs, conceals, embalms, buries or cremates a body or part of a body of a decedent may be

charged with a misdemeanor and may be punished by a fine of not more than five hundred dollars (\$500.00) and/or by imprisonment for not more than six (6) months in the county jail. Reportable cases is defined in the State Statute under §41-61-59 and disposition of body without permission of Medical Examiner can be found in the State Statute under §41-61-69.

A DEATH AFFECTING THE PUBLIC INTEREST INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

NON-NATURAL - Any death known or suspected to be due to other than natural causes. This includes all homicides, suicides and accidents. All such deaths must be reported even though natural causes for death may also be present or may be considered to be a contributory factor. All such deaths should be reported regardless of the survival interval between the death and the incident which ultimately resulted in death (example: if an individual dies from pneumonia as a complication of gunshot wound six months after the wound was inflicted, the death must be reported).

VIOLENT -Any death resulting from wounds, trauma or injuries caused by any sort of extrinsic or external agent. This includes all deaths caused by heat or cold, deaths due to chemical, electrical or radiation injury, deaths due to drowning, suffocation or choking and deaths caused by animals or by any poisonous substances including plants. All such deaths should be reported regardless of the survival interval between the trauma and the death...(example: if an individual dies from pulmonary embolism after one week of hospitalization due to injuries suffered in an automobile accident, the death should be reported).

UNEXPECTED/UNEXPLAINED - Any death occurring suddenly and unexpectedly or from an unexplained cause. This includes deaths of individuals who are found dead without obvious cause, and medically unexpected deaths which occur during the course of medical treatment or during the course of medical therapeutic or diagnostic procedures. Deaths due to obvious natural causes, wherein the precise medical or biological mechanisms are unclear, need not be reported. Deaths related directly to previously diagnosed infectious diseases need not be reported, unless they fall under one of the other listed categories.

UNATTENDED - Any death of a person who is found dead without documentation of a physician in attendance within thirty-six (36) hours preceding death. "In attendance" may include telephone consultation or prescriptions within thirty-six (36) hours preceding death. If a decedent has been previously diagnosed as suffering from terminal illness and a physician has been in attendance within thirty (30) days preceding death, the death need not be reported unless it falls under one of the other listed categories.

UNIDENTIFIED - Death of a person where the identity of the deceased is unknown.

UNCLAIMED - Death of a person where the body is not claimed by a relative or a friend.

INFANT - Any fetal deaths due directly to injuries of the fetus or indirectly to injuries of the mother, including all fetal deaths falling under any other listed category. This includes deaths caused by criminal abortion (even when abortion is self-induced), or abortion related to sexual abuse. "Fetal Death" is defined as death of a fetus of twenty (20) completed weeks of gestation or more, calculated from the date of the last normal menstrual period, or death of a fetus weighing 350 grams or more.

CHILD - Death of a child under the age of (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome (SIDS) may be the cause of death. It is mandatory to have an autopsy performed on this type of death.

PRISONER -Any death of a person confined in a prison, jail or correctional institute. If the death is that of a prisoner in the custody of the Mississippi State Correctional System an autopsy performed under

the supervision of the State Medical Examiner is mandatory. In any case where a person is found dead on the premises of the correction system an investigation by the State Medical Examiner is mandatory.

OUT OF STATE - Any death where a body is brought into this State for disposal and there is reason to believe either that a death was not investigated properly or that there is not an adequate Certificate of Death.

EMERGENCY ROOM - Any death of a person who is presented to a hospital emergency room unconscious and/or unable to communicate coherently, and dies within twenty-four (24) hours without regaining consciousness or the ability to communicate coherently, unless a physician was in attendance within thirty-six (36) hours preceding presentation to the hospital. "In attendance" includes telephone consultations or prescriptions. If the decedent had a pre-diagnosed terminal illness and a physician was in attendance within thirty (30) days preceding presentation to the hospital, the death need not be reported.

Questions arise in deaths of an individual shortly after their presentation to an emergency room or hospital. This "overlap" or "grey zone" may be handled in the following manner:

If the attending physician was able to obtain the history from the patient, or otherwise make a diagnosis of natural disease which would explain death, and if the circumstances and cause of death do not otherwise fall under the Medical Examiner's jurisdiction, then the Medical Examiner need not be involved. Individuals considered DOA should be considered as sudden and unattended deaths and should be reported to the Medical Examiner. If the attending physician is not available for certification of death, i.e., signing the Death Certificate, an associate physician covering for the attending physician's practice and patients may sign the Death Certificate when he/she has access to the medial history of the case, provided he/she views the deceased at the time death occurs or after the death has occurred and the death does not otherwise qualify as a Medical Examiner's case. In all other cases the death should be considered as sudden and unattended deaths and should be reported to the County Medical Examiner.

When in doubt, the Medical Examiner should always be notified. The Medical Examiner can always review the circumstances and judge whether or not to accept jurisdiction.

QUESTIONS CONCERNING REPORTABLE DEATHS SHOULD BE DIRECTED TO THE STATE MEDICAL EXAMINER OR THE OFFICE OF THE STATE MEDICAL EXAMINER

DEFINITIONS/ABBREVIATIONS

Certification of Death - The cause and manner of death after investigating the circumstances surrounding the death and pertinent medical history.

Coroner - The elected county official provided for in the Mississippi Constitution (same as the CMEI).

County Medical Examiner Investigator (CMEI) - Elected county official who investigates and certifies deaths affecting the public interest other than a physician.

County Medical Examiner

Licensed physician who is an elected county official appointed to investigate and certify deaths affecting

the public interest.

Deputy Medical Examiner/Deputy Coroner

Individual appointed by the CMEI/Coroner and approved by the Board of Supervisors who investigates and certifies deaths affecting the public interest.

Death Affecting the Public Interest

Death of an individual where the circumstances are sudden, unexpected, violent, suspicious or unattended.

Medical Examiner

State Medical Examiner, county medical examiners and medical examiner investigator collectively unless otherwise specified.

Pronouncement of Death

The statement of opinion that life has ceased for an individual

State Medical Examiner

Board certified forensic pathologist/physician appointed by the Commissioner of Public Safety to investigate and certify death which affect the public interest.

Designated Pathologist

Qualified pathologist who is a licensed physician in the State of Mississippi who provides consultations and autopsy service in support of the Mississippi Medicolegal Death Investigation System.

JURISDICTIONAL BOUNDARIES AND OTHER AGENCIES INVOLVED IN THE INVESTIGATION

The coroner should always be aware of the boundaries at the scene. The body belongs to the coroner and the scene belongs to law enforcement. Both the coroner and law enforcement should respect these

boundaries. The coroner should always be aware of the scene and be as careful as possible not to disturb the scene. It is imperative that information is shared with law enforcement agencies investigating a death. You are required to report the following type deaths to the appropriate agency:

- a. Job Related Deaths - OSHA when death occurs on land
Department of Mining when deaths occurs at sand and gravel mine pits
Department of Maritime when death occurs on waterways

Note: All job related deaths should be reported to Vital Statistics

- b. State Health Department - SIDS Coordinator when SIDS death occurs
- c. Consumer Product Safety Board - Deaths that occur from faulty consumer products
- d. National Transportation Safety Board - Deaths on commercial airlines
- e. FAA - Deaths occurring on noncommercial plans
- f. Military - If the individual is a member of the Armed Forces
- g. Indian Reservation - If the individual is the member of an Indian Tribe

SCENE

Upon being notified of the death of a person where the death qualifies as a Medical Examiner case, the appropriate County Medical Examiner will take charge of the body. They shall conduct the preliminary investigation of the cause and manner of death, prepare a written report of finding (Death Investigation Form ME-1) and promptly submit the full report to the State Medical Examiner's Office with a copy to the appropriate court clerk. After signing the medical certification of death and answering questions from family and affected law enforcement personnel, the County Medical Examiner's obligations are fulfilled for that case, (except for possible subsequent court proceedings).

The State of Mississippi does not mandate that the County Medical Examiner go to all scenes. You may utilize the Deputy Medical Examiner Investigator and other professional, technical and clerical assistants to

help perform your official duties. A scene visit is mandatory in cases involving homicides, SIDS, and other suspicious deaths where a full investigation of the circumstances surrounding the death is warranted. Court proceedings are a virtual certainty in homicides upon apprehension of the perpetrator. The inspection of the scene can be of vital importance in establishing the CAUSE AND MANNER of death and also in understanding the environment in which the death occurred.

It is strongly recommended that you go to the scene of the death whenever possible. You should view the body in ALL cases. Whenever it is virtually impossible for you to go to the scene a logical and acceptable alternative is to have the emergency medical personnel or funeral home director transport the body to the morgue or funeral home so you can view the body at a later time.

The viewing of the body should be as complete as possible and should enable you to make a ruling regarding foul play or other injuries. When autopsy will not be performed the Medical Examiners investigation and report will be the most complete record available. It may be necessary for you to rely on your report of investigation to answer questions at a later date.

Complete inspection of the body involves undressing the body to allow for sufficient external examination. It is often impossible to accomplish an examination at the scene of death and moving the body to a more appropriate facility for examination is certainly warranted.

SCENE SAFETY:

Death investigators have to be aware of potentially infectious body fluids coming from the decedent as well as potentially dangerous materials on the body or hazards at the scene. Fluids that the investigator should be concerned about include the following:

- Seminal fluid
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid (joints)
- Pleural fluid (fluids)
- Amniotic fluid (fetus)
- Pericardial fluid (heart)

Other fluids and secretions such as sweat, nasal secretions, tears, vomit, feces, and urine are not addressed under Universal Precautions as long as they are not contaminated with blood, although they can transmit other infectious diseases. With that said, any body fluids are potentially hazardous and should be handled with extreme caution using such protective equipment as gloves, eye goggles, masks, feet and body covers, etc. Once protective gear is used they should be properly disposed of in containers labeled **BIO-HAZARDOUS**. The investigator should be aware of the different types of scenes and who to notify when a problem occurs. There are several types of hazardous scenes to be concerned about, such as the following:

Chemical

Drug laboratories present the threat of danger in the form of flammable or combustible materials, explosives, acids, bases, oxidizers and corrosive substances.

Confined Spaces

When called to investigate a death that has occurred in a confined space the investigator should be sure the space has been checked for oxygen content, flammable gas/vapors and potentially toxic air contaminants.

Ingestion

While highly unlikely it still may happen. Contaminants may be ingested by having unclean hands while eating or smoking. Be sure to wear gloves during your investigation.

Inhalation

Dust, aerosol, smoke, vapor, gases and fumes that are easily inhaled may also carry contaminants. If inhaled these contaminants enter the lungs going on to enter the blood stream, which may cause chronic damage to the kidneys, central nervous system and heart.

Body Contact/Sharp Objects

Needles, broken glass, knives, or outdoor brambles and briars which could be on or near the body may cause injury to the investigator.

The death investigator has a responsibility to the decedent, however, you must help preserve the surroundings while in the course of your investigation. The primary duty of the first officer on the scene is to secure the scene, so therefore, the death investigator should be aware of all evidence at the scene and preserve what is there. Evidence includes the victim, the suspect and the scene and all evidence at the scene has to be thoroughly documented, properly collected and packaged. All death scene evidence, whether investigative or physical is based upon the sole purpose of ascertaining possible answers to questions surrounding the death.

INVESTIGATIVE TOOLS

When you a medical examiner investigator is called out for a death investigation, it is recommended that the following items are immediately available:

1. A pad of blank Report of Death Investigation Forms (ME-1)

2. Clipboard for writing support
3. Flashlight or penlight
4. Thermometer with scale capabilities of at least 70 degrees Fahrenheit through 110 degrees Fahrenheit for postmortem body temperatures
5. Plastic syringe, 20cc or 30cc with long large bore needle (approximately 3 inches) to be used to obtain blood, urine, and vitreous fluid
6. Various tubes for fluid and blood collection such as Vacutainer tubes, including gray top tubes containing sodium chloride for blood alcohol collections.
7. Ball point pen
8. Clean unused, brown paper bags large enough to enclose hand
9. Roll of tape (adhesive or surgical)
10. Metal measuring tape, eight feet or longer
11. Several blank death certificates
12. Disposable rubber gloves
13. Clean, paper envelopes for evidence collection
14. Six inch ruler to use in photographs for scales
15. Clean white cloth sheet

INVESTIGATIVE REPORT

(ME -1 FORM)

An investigative report should achieve the following objectives:

- a. **Permanent Record** - all relevant information obtained during the investigation
- b. **Provide Information** - to assist others (i.e. law enforcement) in order to advance a continuing investigation

- c. **Court Action** - Designated authorities may base criminal or disciplinary action on facts reported by the medical examiner investigator

The report of an investigation should always be an objective statement of facts.

PROPER DOCUMENTATION

The documentation that a Medical Examiner Investigator does is essentially evidence, in and of itself, so documentation should be done carefully and consistently. Photographing the body is also very helpful because a “picture is worth a thousand words”.

Documentation of the body should include such notations as:

- Condition (presence of rigor mortis, livor mortis, adipocere, etc.,)
- Apparent wounds
- Approximate measurements of height from top of the decedents head to their heels
- Full description of contents of pockets
- Full inventory of jewelry on hands, neck, etc.
- Description of any weapons in situ which should be removed after inspection for prints
- Place clean brown paper bags over both hands and secure with rubber bands
- Photograph body
- Place body in clean white sheet
- Note condition of possible exit wounds or items which may be under the body
- Attend the autopsy

The effectiveness of an investigator is judged by the reports he/she makes of the investigation. If an investigation is thoroughly conducted and then poorly reported, the reputation of the investigator suffers. If the information obtained from an investigation is confined to a notebook or the investigator’s memory, then the investigation is in vain. The investigator is part of a working team and unless information obtained is made available to other team members, proper action cannot be taken in the inquiry. The ME-1 Form has been designed to assist you in capturing the details related to a death investigation. When filled out in its entirety you will find that it is a valuable report for not only you, but other team members.

RECOMMENDATIONS FOR COMPLETING THE ME-1 FORM

You should always have blank ME-1 forms with you when you go to a death scene for documentation of the investigation. The initial form can be filled out in long-hand and then later be typed, neatly handwritten, or entered into the computer, facilitating a permanent record of investigative data. The original should be sent to:

**MISSISSIPPI STATE MEDICAL EXAMINER
1700 EAST WOODROW WILSON
JACKSON, MS 39216**

The top half of the form is a checklist which, hopefully, will enable you to go through the routine observation and history in a timely manner. **REMEMBER...these are your observations....not a copy of the autopsy findings.** In the event you are unable to make a positive determination of the individuals sex, check **UNDETERMINED**. It will not be necessary for you to amend this determination at a later date. Each section is designed to assist you in evaluating all aspects of the decedent and could possibly be the **KEY** to solving unanswered questions for other also working the case.

The section entitled **OCCUPATION** should always be completed. This information is vital in reporting **WORK** related deaths. Screening of workers for the effects of the environmental materials and the history exposure are very important factors in bringing justice in cases of compensation for work related injury. The coroner is required to submit a copy of the ME-1 to Vital Statics when death occurs and the cause is work related.

The middle section entitled: **INFORMATION ABOUT OCCURRENCE** will provide very valuable documentation, not only for your reference, but also for your permanent file. This section will tell you the events leading up to the death, place, witnesses, and other individuals involved in the death investigation. It may be necessary to discuss the case with others involved in the investigation and documenting the Police Agency and Police Officer involved in the case will provide you with known resources.

The task of determining the approximate interval between onset and death should not be taken lightly. This information can be used by the insurance company to establish pre-existing conditions that may influence insurance benefit payments. It is acceptable to indicate unknown in this section if you are unable to obtain accurate information.

The lower section entitled: **MANNER OF DEATH** will allow you to make a determination on cause, manner and mechanism of death. The section regarding autopsy authorized, pathologist and if other autopsy was could be valuable information at a later date, especially in insurance matters or court cases. In all cases where a coroner authorizes an autopsy, a copy of the autopsy report must be mailed to the State Medical Examiner's Office. Non-medico-legal autopsies are cases in which the coroner did not authorize the autopsy, however, the next of kin requested an autopsy (per Code 41-37-25). The State Medical Examiner's Office will request copies of the non-medico-legal autopsy report from the appropriate pathologist.

The rectangular area entitled "**PROBABLE CAUSE OF DEATH**" should be completed and if the cause of death determination is awaiting autopsy or toxicological studies, write "**PENDING**" in this box and go ahead and send the report to the State Medical Examiner's Office. All modifications or additions to this report can be done through the State Medical Examiner's Office.

MANNER is **HOW** the individual died. The manner of death is a classification of death based on the type of condition(s) that results in death and the nature of the circumstances that resulted in the condition. You will be dealing with the following:

Natural	Death resulting solely from disease
Accident	Death resulting from injuries where there was no intent to do harm
Suicide	Death where the victim succeeded in a purposeful act to end their life
Homicide	Death where victim died because of injuries inflicted upon them by another person. Murders are a subset of homicides in which the injuries are sustained when another person intended to do them or do another person harm.
Undetermined	Death in which there is no solid evidence indicating the manner of death, or when there is no concrete evidence supporting two or more possible manners.
Pending	Use when more information (i.e. pending toxicology studies, autopsy, etc.), may change the manner of death. The manner of death must ultimately be reclassified into one of the other five categories.

CAUSE of death is **WHY** the injury or disease responsible for initiating the sequence of physiological disturbances which produced death. If there is a period of survival sufficient to permit the development of serious sequelae, the initiating or proximate cause may be followed by intermediate causes such as pneumonia or pulmonary embolism.

Mechanism is the physiologic derangement of biochemical disturbance incompatible with life which is initiated by the cause of death. Mechanism (i.e., **cardiac arrest** or **respiratory failure** SHOULD NOT be considered as cause of death.

Mechanisms of death is the means by which the cause exerts its lethal effect. A commonly cited example is **cardiopulmonary arrest**, which is an agonal event and carries no specificity as to the cause of the patient's death. The question should be asked "what caused the cardiopulmonary arrest"? Mechanisms are defects of functions; they have an extremely large differential diagnosis; and are acutely life threatening if not treated on an emergency basis.

Mechanisms of death that should **NOT** be used in cause of death statements:

Asystole
Cardiac Arrest
Cardiopulmonary Arrest
Cardiorespiratory Arrest
Respiratory Arrest

While many mechanisms of death and possible intermediate causes of death may be listed the **PROXIMATE OR UNDERLYING CAUSE OF DEATH** is what you should try to determine. The Mississippi Courts have decided that the determinations for **MANNER** of death are not legally binding and only the **CAUSE** of death be accepted from death certificates in criminal cases.

REMEMBER: Many reports are completed listing such entities as "cardiopulmonary arrest, ventricular

fibrillation, gunshot wound to head/suicide or homicide, motor vehicle accident” as the cause of death. The first two entities are mechanisms of death. The true cause of death should be the **DISEASE** or **INJURY**, and should include the portion of the body affected.

Examples of Disease Include:

Coronary Artery Disease
Atherosclerotic Cardiovascular Disease
Hypertensive Cardiovascular Disease
Cancer of the Lung

If the form has been completed properly, you have already checked the “Manner of Death” on the report form. The Manner of Death need not be written again. Manner vs. Mechanism vs. Cause of Death can sometimes be confusing, however, guidelines such as listed above must be adhered to when filling out a Report of Investigation and the Death Certificate.

In determining the proximate cause of death, go through the following steps:

List all of the disease and injuries for the individual, i.e., heart, lung, or other organ system disease, (acute or chronic); drug toxicity; trauma such as motor vehicle accident or gunshot wound, etc.; environmental such as hyperthermia, etc.

Classify related disease in groups under “proximate” cause. For example, a list of arteriosclerotic cardiovascular disease, history of stroke, history of myocardial infarction, history of angina and history of peripheral vascular disease may all be organized under **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE** as the proximate or underlying cause.

Choose the most life threatening or serious of the proximate cause.

The disease that killed the person is the cause of death. Other significant diseases or illnesses may be listed on the death certificate and ME-1 form under the contributing factors.

The cause of death listed is the best professional conclusion based on everything known about the given patient and the circumstances; nobody expects it to be right 100% of the time, but they do expect the very best and most supportable conclusion. You reach a conclusion of certainty “beyond a reasonable doubt” **not** “beyond any possible doubt”.

Blood, and/or urine, and/or vitreous fluid specimens **MUST** be collected (if possible) on **ALL** Medical Examiner cases. These specimen should be forwarded promptly to the Mississippi Crime Laboratory for analysis. For proper collection procedures please refer to the section of this book under **TOXICOLOGY**.

If you do not collect a specimen always indicate why.

After you have completed the front page of the **REPORT OF DEATH INVESTIGATION**, sign the report in the lower right column, identify the county and indicate the date signed.

It is **IMPERATIVE** that the back portion of the form is also completed because this will give not only you,

but others involved in the investigation, valuable information. If there is a delay in completing this report following an investigation the greater the chance for confusion or loss of information.

Indicate the “Reason for Assuming Medical Examiner Jurisdiction” (check one only). In some cases more than one may apply, however, give the maximal information you can in the applicable box(es).

The section labeled “Means of Death -If Death Other Than Natural”, if properly completed, will provide you with a wealth of information that you may need at a later time, in the event the cause should go to court.

The section labeled “Medical History” can give you an abundance of information about the decedent. In the event there is a possibility that the decedent may have had a communicable disease, the appropriate postmortem test should be ordered and all people who came into contact with the body should be notified. The physician can also assist you in making a determination as to the cause of death based on medical records and past treatment. The types of medication should be listed because that can also give you a clue as to what the person was being treated for.

Perhaps the most beneficial part of the entire form is the **NARRATIVE SUMMARY**. This section, when completed properly, should tell the entire story about the decedent, the events leading up to the death, and your investigation.

This form has been designed to assist you in documenting pertinent information in a systematic manner and to facilitate retrieval of facts regarding the case. It is mandatory that each death investigation has thorough documentation.

The death investigator has a very important responsibility with the forensic system. They are the system’s first line of defense for developing **accurate data** regarding the circumstances of a person’s death. Since the death investigator has full jurisdiction over the decedent, and the body will always “tell the truth” you will be speaking for the decedent. You may have to rely on experts to assist you in interpreting the body’s “language” but if you document detailed information regarding the decedent, this will aid the expert in determining the cause.

PLEASE NOTE: On all suspected SIDS deaths the ME-1s form must be completed in lieu of the ME-1. This is a very comprehensive form and must be completed in its entirety. You must notify the SIDS Coordinator with the State Health Department when a suspected SIDS death occurs.

REMEMBER TO SEND COPIES OF ALL YOUR REPORTS OF DEATH INVESTIGATION (ME-1 or ME-1s) TO THE STATE MEDICAL EXAMINER’S OFFICE IN A TIMELY MANNER

Now that the proper documentation process on how to complete the Death Investigation Form has been established, it is also important to know and understand what to expect as far as the condition of the body, as well as what happens to the body with various types of death. The official medical opinions are issued by a licensed pathologist who performs the autopsy, but the presence of post mortem conditions in the body

should be documented and reported to the pathologist. The conditions that the death investigator has to document include the following:

LIVOR MORTIS -which is a reddish purple discoloration, caused when blood in the body settles to the lowest part of the body. The onset of livor mortis is often seen after about ½ hour to 2 hours. After 4 to 6 hours has passed slight pressure to the skin stops the flow of blood to the skin and causes light areas to the livor-darkened areas of the body before the livor mortis is completely set. To gauge if the livor mortis has completely set the investigator should apply moderate pressure to the darkened areas and if the area lightens it is not set, but if the color of the area does not change the livor mortis has set. With this information the investigator will be able to give an approximate time of death as well as tell if the position of the body as been changed after the death has occurred.

RIGOR MORTIS - is the chemical change that occurs in the muscle tissue causing them to contract

and stiffen. This is also a condition that may aid the death investigator in determining a time of death. This condition is first noticed in the muscles of the jaw, neck, hands and feet. The onset of rigor mortis is dependent on environmental conditions. Heat expedites the onset of rigor; for example if an individual dies outside on a day that the temperature is 95N, rigor may possibly set in within 15 minutes. This stage of decomposition usually sets in about 2 to 4 hours and is fully developed at 12 hours and starts to fade out at 24 hours to 48 hours. Rigor can be broken by vigorous application of pressure and manipulation as well, and once it is broken it does not return. There are several degrees of rigor that should be noted in the report as follows:

- 0 Not present
- 1+ Slight - just beginning - slight resistance to movement
- 2+ Moderate - extremely moves with some difficulty
- 3+ Severe - extremity moves with some difficulty
- 4+ Complete or full - rigor is well established - extremity will not move

BLEEDING - The death investigator should also be aware of the amount of blood as well as any blood patterns that are present and this should be noted in the documentation. It is also important to document type of surface the blood is on including color. The heart stops once death has occurred and afterward the body does not bleed because there is no blood pressure. Some injuries may show no signs of bleeding and this may lead the investigator to determine that a wound occurred before death. Bloodstain patterns are also very important. Bloodstain analysis may help to determine such things as the following:

- Type of impact
- Specific location of the blood source
- Distance between spatter impact area and the blood source
- Type and direction of spatter impact
- Number of blows received by the victim
- Movement of the suspect/victim during and after blood shed

Although the coroner is not trained in blood spatter technique they should be aware of what exactly not to disturb while examining the body and always be sure to photograph all blood stains before disturbing the body.

CONTUSION - also known as bruises, localized hemorrhages within the body caused by blood spreading under the skin. Direct trauma or direct blunt impact usually causes contusions, but twisting or falling may also cause them. The more recent ones are usually dark red to a reddish purple in color and as they get older they acquire a yellowish tint. When contusions are found they should be documented as to the color and location on the body.

TYPES OF DECOMPOSITION

Putrefaction - A chemical and bacterial change that starts at death and continues until all soft tissue is consumed. Environmental conditions also effect the condition of the body during putrefaction. The warmer the weather the faster the body goes through this process and if the weather is colder it slows down the process. Signs of putrefaction include a greenish stain in the lower abdomen, which spreads throughout the body as the process continues and then it turns to a brownish color. This change in the color of the skin may turn so dark that it would make race identification difficult. Putrefaction is coupled with a condition called marbling, also, this condition is caused by the bacterial attack on the veins. It causes the veins to become dark red or purple and stand out in the skin, hence the name of marbling.

Adipocere - This is a chemical process induced by enzymes and water where minimal or no oxygen is needed for bacteria to survive. This process causes a yellowish-white build up on the skin composed of fatty acids and soaps which has a greasy feel and a strong musty odor. Although it does cover wounds on the decedent they can be seen during a close examination.

Mummification - This is the drying or dehydration of the skin, which occurs when environmental conditions are hot and dry. This process is caused by the skin being free of moisture which causes the skin to dry out and take on a leathery appearance.

Consumption by Insects and Animals - This is the process that takes place when flies, maggots, and other insects and animals will attack the open areas of the soft body tissue, sometimes consuming the entire body and scattering bones. The stages of flies or other insects when found on the body can sometimes give you an idea of how long the person has been dead.

Blunt Force - Damage to the body by direct physical violence which may be generalized or localized. Blunt force trauma may cause three types of injuries which are:

Abrasions - caused by surface injuries to the outer layer of skin

Contusions - caused by the force of the object rupturing blood vessels under the skin

Lacerations - caused by the force of the object leaving a jagged tear in the skin

Asphyxiation - Occurs when the body or any vital part of it is deprived of oxygen. Asphyxiation may occur during the blockage of airways by food, and inhalation of gas or poisons. These deaths

may also be categorized as accidental, suicide or homicide. Other means of asphyxiation would include strangulation, hanging, drowning, suffocation and electrical shock.

Strangulation - Asphyxiation caused from compression of the neck. This compression may be caused from manual strangulation/choking, a binding ligature, or a sharp blow to the neck area. Each form of strangulation may be classified differently; for example, manual strangulation is always classified as a homicide because a person cannot manually strangle themselves. On the other hand, ligature strangulation may be classified as a homicide or suicide.

Hanging - This occurs when a rope, cord, or some other like materials are used to asphyxiate a person by placing it around the individuals neck and the materials stretch to resistance against the bodies weight. These deaths are usually suicide, although, there are some homicides staged to look like suicide and there are occasional accidental hangings. NEVER CUT THE KNOTS OF THE LIGATURE, IT SHOULD STAY INTACT.

Drowning - Occurs when water or some other type of liquid is inhaled and subsequently fills or passes into the lungs. This type of asphyxiation may be categorized as accidental, suicide or homicide.

Electrical Shock - Asphyxiation occurs as a result of the electrical shock causing the heart and the brain to stop and when deprived of oxygen they cease to function. Marks of electrical shock may result in entrance and exit wounds depending on the voltage.

Gunshot Wounds - A death investigator should never try to interpret gunshot wounds, that should be left up to the medical and law enforcement authorities. However, it can be useful for the death investigator to be able to form accurate but unofficial opinions about the gunshot wounds. This will in turn aid in interpretation of events.

TRANSPORTING BODY FOR AUTOPSY

When it is determined that an autopsy is necessary, the best possible course for the death investigator to take is for the body to be disturbed as little as possible while transferring the body from the scene of death to a vehicle for transportation. It is advisable to use a clean white cotton sheet to wrap the body in before placing on the gurney or cot for transportation. The sheet should be laid open alongside of the body and the body wrapped. Using this method will allow for minimal touching of the body and thus, preserve and protect fragile trace evidence.

AUTOPSY GUIDELINES

WHO CAN AUTHORIZE AN AUTOPSY:

MEDICAL EXAMINER CASES (CORONER)

M.C.A. 41-61-65-1: If in the opinion of the Medical Examiner investigating the case, it is advisable and in the public interest that an autopsy or other study be made for the purpose of determining the primary and/or contributing cause of death, an autopsy or other studies shall be made by the State Medical Examiner, or competent pathologist designated by the State Medical Examiner. The written or verbal authorization of the Medical Examiner is sufficient to authorize autopsy on a case under the Medical Examiner system. Form ME-17 is provided for written permits. The State Medical Examiner or designated pathologist may retain any tissues, as needed, for further postmortem studies or documentation. A complete autopsy report of findings and interpretations, prepared on forms designated for the purpose, shall be submitted promptly to the State Medical Examiner. Copies of the report shall be furnished to the authorizing Medical Examiner, District Attorney and court clerk. A copy of the report may be furnished to other persons upon request. In determining the need for an autopsy, the Medical Examiner may consider the request from the district attorney or prosecuting attorney, law enforcement official or other public officials or private persons. However, if the death occurred in the manner specified in subsection (2) (j) or Section 10, of this Act, an autopsy shall be performed by the State Medical Examiner or his designated pathologist and the report of findings shall be forwarded promptly to the State Medical Examiner, investigating Medical Examiner, the infant's attending physician and the local Sudden Infant Death Syndrome Coordinator.

YOU MAY OBTAIN AN AUTOPSY WHEN THERE IS A MEANINGFUL QUESTION THAT THE AUTOPSY CAN ANSWER.....YOU HAVE THE AUTHORITY.

NON CORONER CASES

An autopsy may be performed without a court order by a qualified physician when authorized by (a) the decedent, during his/her lifetime, or (b) any of the following persons who shall have assumed custody of the body for the purpose of burial: a surviving spouse, either parent or any person in loco parentis, a guardian, or the next of kin. In the absence of the foregoing persons any friend of the deceased who has assumed responsibility for the burial, may give such consent. If two or more persons have assumed custody of the body of an adult for purposes of burial, the consent of one such person shall be deemed sufficient.

In the case of a minor, however, the consent of either parent shall be deemed sufficient, unless the

other parent gives written notice to the physician who is to perform the autopsy of such parent's objection thereto prior to the commencement of the autopsy. In the event that neither parent has legal custody of the minor, the guardian shall have the right to authorize an autopsy. No autopsy shall be held under this section over the objection of the surviving spouse, or if there be no surviving spouse, or any surviving parent, or if there be neither surviving spouse nor parent, then of any surviving child. (§41-37-25)

WHO CAN PERFORM AN AUTOPSY:

If, in the opinion of the medical examiner investigating the case, it is advisable and in the public interest that an autopsy or other studies be made for the purpose of determining the primary and/or contributing cause of death, an autopsy or other studies shall be made by the State Medical Examiner or by a competent pathologist designated by the State Medical Examiner. The State Medical Examiner shall, as a minimum be a physician who is eligible for a license to practice medicine in Mississippi and be certified in forensic pathology by the American Board of Pathology. The designated pathologist must be licensed to practice medicine in the State of Mississippi, and will be Board Certified or Board Eligible in Anatomic Pathology and have a special interest in Forensic Pathology.

TRANSPORTING BODY FOR AUTOPSY:

When it is determined that an autopsy is necessary, the best possible course for the death investigator to take is for the body to be disturbed as little as possible while transferring the body from the scene of death to a vehicle for transportation. It is advisable to use a clean white cotton sheet to wrap the body in before placing on the gurney or cot for transportation. The sheet should be laid open alongside of the body and the body wrapped. Using this method will allow for minimal touching of the body and thus preserve and protect fragile trace evidence.

The best place to perform an autopsy is in the morgue. **DO NOT ALLOW EMBALMING OF THE BODY PRIOR TO AUTOPSY.** Valuable evidence can be destroyed by removing clothing or by adding embalming fluid or powder. If the smell of the body is offensive, you can spray the outside of the body bag. **DO NOT WASH OR SPRAY THE BODY.**

STATE MANDATED AUTOPSIES

State Law mandates that an autopsy **MUST** be performed on the following types of death:

Children under the age of two (2) years where death results from an unknown cause or where circumstances surrounding the death indicate that sudden infant death syndrome (SIDS) may be the cause of death. SIDS can only be listed as cause of death when an autopsy is performed. **THIS IS THE LAW.**

All persons that death occurs while they are confined in a prison, jail or correctional institution must have an autopsy performed. **THIS IS THE LAW.**

It is recommended but not mandated that an autopsy be performed on the following types of deaths:

- Homicides
- Unexpected or unexplained deaths
- Poisoning deaths including alcohol
- Airplane pilots
- Driver of motor vehicle in which one or more persons are involved
- Accidental gunshot wounds (not suicides) when the wounds are typical
- Electrical deaths
- Work related deaths
- Unrecognizable body with question of identification
- Any death in which the manner is in question
- Therapeutic misadventures and deaths in surgery
- Sudden collapse and death in a public area
- Infectious public health hazard

The rationale for performing autopsies on these cases are multiple but in general are as follows:

- c. Homicides often result in legal actions including courtroom appearances. It is imperative the maximal amount of evidence be available to both the prosecution and the defense. It is not unusual for a “classic homicide” to be disproved during a thorough autopsy or vice versa.
- d. In drug related deaths an autopsy assists with determining cause and manner of death. Without an autopsy, the cause and manner of death would be left as “undetermined”. The autopsy would expedite obtaining various specimens for toxicological examination, thus eliminating a delay in obtaining results of tests for levels of the average drug(s).
- e. Airplane pilots that die in a plane crash should have an autopsy performed. The results of the autopsy will assist in correctly identifying the victim, as well as verify cause of death, i.e., disease vs. injuries as a result of the accident. The Federal Aviation Agency may order an autopsy on the pilot and co-pilot and these requests should always be honored.
- f. It is NOT mandatory to order an autopsy on drivers killed in an automobile accident, however, when other individuals have been injured or killed, an autopsy will aid in answering many questions about the accident. It may assist you in determining who was driving the automobile, who was at fault, or whose insurance should pay and if the cause of death was a “natural death at the wheel” rather than an accidental death.
- g. Gunshot wounds are either accidental, suicide or homicide. If the wound and the victims history is not typical for suicide, and accidental has been ruled out, get an autopsy. Some forensic pathologists would argue that there is no such thing as an “accidental gunshot wound” when the victim is over the age of 10 years.
- h. External physical signs are very subtle or even undetectable in electrical deaths and because of this an autopsy may be warranted.

- i. Accidental death while “on the job” may show great variation due to questions regarding how much of a contribution the individuals’s health and physical condition may have had in relationship to the death.
 - j. An autopsy is essential on all burned, mutilated, unrecognizable or unidentified remains. X-rays, whether dental, chest or skull, are useful when there is a known individual who may be the decedent.
The autopsy can determine the sex, approximate age, height, and other distinctive features which could aid in making a correct identification. Fingerprints, if preserved, are the only tool for which a central file is available for comparison, i.e., FBI and the state crime bureaus.
 - k. Deaths occurring during a medical procedure or because of medical intervention warrants an autopsy. Current medical and legal decisions are based upon the public’s welfare and, it is thus, in the public’s interest to know when therapies and procedures fail.
- 10. When a death occurs in a public place an autopsy should be ordered to determine if a health hazard exists or if someone has been negligent. Lawsuits frequently follow when death occurs in a public place.
 - 11. Death as a result of an infectious disease or caused from a health hazard should have an autopsy performed. In all cases, the pathologist and funeral home directors must be made aware of the significant known facts so that the decedent will be handled in the proper manner prior to autopsy.

ALWAYS TAKE THE TIME TO EXPLAIN TO THE FAMILY THE REASONS WHY AN AUTOPSY IS NECESSARY AND WHY THE APPROPRIATE FORMS MUST BE SIGNED PRIOR TO THE PROCEDURE. PROPER CONSENT FORMS MUST BE SIGNED BY THE NEXT OF KIN OR PERSON THAT IS TAKING CUSTODY AND ASSUMING RESPONSIBILITY FOR THE BURIAL.

ORGAN DONOR

One of the greatest gifts a person can give is the “gift of life” or an improved quality of life for another

person.

Mississippi Organ Recovery Agency, Inc. is the agency that represents Mississippi for organ and tissue procurement. The proper protocol for the Medical Examiner to follow is outlined in the State Statute §41-61-71.

Many individuals would readily consent to making this “gift of life” if they are offered the opportunity. The request must be made in a timely manner because the organs and other tissues rapidly lose their ability to be transplanted once death has occurred.

The ME-20 form is the form designed as a consent to grant authorization for organ donation. A copy of the consent form can be found in the FORMS section of this handbook. The form must be completed in its entirety and a copy must be retained for your file.

It is recommended that each medical examiner/coroner contact the Mississippi Organ Recovery Agency, Inc. to become familiar with their protocol.

Types of Recovery:

Individuals on a respirator that have been termed “Brain Dead”

Heart Lungs Liver Kidneys Pancreas Bone Marrow

Individuals that expire from cardiac death (not on a respirator)

Corneas Bone Tendons Vascular Tissue Heart Valves

NOTE: Eyes must be removed within six (6) hours of death
Other tissues may be removed 24 hours following death if the body is properly refrigerated.

CREMATION

The Medical Examiner must make a thorough investigation as to the circumstances surrounding the death and the body must be closely examined prior to authorizing cremation. Cremation destroys evidence and would disallow for subsequent forensic investigations of the remains. The “finality” of cremation must always be considered so the importance of a thorough investigation and inspection of the body cannot be overstressed.

The medical examiner must certify that he/she has been informed of or inquired into the cause and manner of death and has the opinion that no further examination is necessary, prior to a body being cremated. This does not apply to deaths that occur less than twenty-four (24) hours after birth or a death resulting from the

natural disease process and occurring in a licensed hospital providing the death does not fall within the jurisdiction of the medical examiner.

Authorization is given through the written form ME-16. By signing this form, certification is made that an investigation has been completed and the medical examiner is satisfied that there are no contradictions or pending investigations that would be interfered with by allowing the cremation process. Make sure you know the cause and manner of death and complete the M-16 form in its entirety.

For making this certification the medical examiner or his deputy shall be entitled to charge a fee of twenty-five dollars (\$25.00), to be paid by the applicant, unless such medical examiner or his deputy has filed a written report of such death as provided in Section §41-61-73, Mississippi Code of 1972, and received a fee therefor paid by the county.

UNCLAIMED BODIES

The law governing unclaimed bodies is found in the Mississippi Code, Title 41, Public Health book. The particular law is §41-39-5 Disposition of Unclaimed Dead Bodies. If a body is not claimed within forty-eight hours of its acquisition the coroner shall give written notice thereof to the Board of Supervisors, or a member thereof, of the county in which the dead body or portion thereof is located, furnishing such identification of the decedent as may be available. The Board of Supervisors will make reasonable efforts to notify members of the decedent's family or other known interested persons, and, if the dead body or portion thereof shall not be claimed for burial or cremation by any interested person within five (5) days of the aforementioned written notice, the Board of Supervisors shall, as soon as it may think appropriate, authorize and direct the burial or cremation of such dead body. The reasonable expense shall be borne by the estate of the decedent, or any person liable at law for the necessities of the decedent during his lifetime. If they are unable to pay then the county of residence or settlement of the decedent, if known. If it is unknown where the decedent's county of residence is then the county where the dead body is located will assume responsibility for the expense. If the person who has possession of the dead body has no available means of preserving the body, then they should notify the Board of Supervisors, or a member of the county, and they will make arrangements to have the body preserved until burial or cremation. The expense for this would be borne in the expense for the burial or cremation.

IDENTIFICATION

Visual - most common way - subjective and can be unreliable

Found in Familiar Surroundings - identification made by family or friends

Scientific - decomposed or skeletonized

Teenagers can be difficult to identify because they often will trade clothing with friends
and
they do not always carry identification.

CHAIN OF CUSTODY

POSSESSION AND PERSONAL EFFECTS OF THE DECEDENT

Anyone that is withing the Medical Examiner's jurisdiction is to remain untouched until such time as the Medical Examiner has completed a thorough examination of the body. Thus, jewelry, money, clothing and any other object on the body become a part of the coroners jurisdiction as well.

If the objects on the body are needed as evidence, the item should be individually and appropriately packaged and submitted to the law enforcement agency or Crime Lab for analysis. These agencies have the appropriate evidence submission forms.

If the objects are not needed as evidence then the items may be released with the body to the funeral home or given to a family member. No matter who you release the items to you must always create a chain of custody.

This releases you from liability for any item that is on the individual that you have listed on the form. The form should have a brief description of each item that is taken off of the body, whether it be jewelry, a wallet, loose money, or any other item that is found on the individual. If money is involved you should indicate the denomination of money and the total amount. **DO NOT RELY ON MEMORY.** Form ME-15 may be used by the coroner or law enforcement agency, which will provide documentation of when the custody of objects were transferred. List all items individually and then obtain a signature of the receipt, the relationship to the decedent, the authority under which the release was made, usually the authority of the death investigator or chief law enforcement office. Always make sure to have the form witnessed and always **KEEP THE ORIGINAL FOR YOUR FILES.**

In addition to completing the ME-15 form, it is also suggested to obtain photographs of the body, which would include a clear view of any jewelry on the body, making a point to photograph the hands, neck and ears because thousand dollar ear rings, necklaces, and earrings may be claimed to have disappeared during the investigation. Taking pictures of the body is for your protection, as well as for others involved in the investigation.

When describing jewelry be very generic in your description. For example do not call a clear stone a diamond, or a blue stone a sapphire, it may not be a diamond or sapphire. Gold should be referred to as gold in color.

OBTAINING COPIES OF MEDICAL RECORDS

M.C.A. 41-61-63-2a clearly states that you shall be able to obtain copies of the medical records of individuals who die under circumstances that would be within the Medical Examiner's jurisdiction. It is the duty of the Medical Examiner to determine the disease process or injury which killed the person, therefore, it is essential that the medical records are made available for review and the records may be photocopied. There is a strict stipulation regarding medical records, however, and that is all photocopies and all information gathered from the inspection of the records be kept **STRICTLY** confidential in order to

maintain doctor-patient confidentiality.

RELEASING INFORMATION

Do not give the names of the decedent to the media until the next of kin has been notified. Records may not be released on cases where there is an open criminal investigation unless they have been approved for release by the investigating law enforcement agency or the District Attorney.

The only records or information you are allowed to release are reports that you have generated. This would include the ME-1 form and the autopsy report (as defined by law). Any records obtained from an outside agency or individual cannot be considered part of your records.

FEES

The Medical Examiners perform their functions on a fee-for-service basis plus expenses. This fee is set by the Legislature and cannot be changed until the Legislature amends it. Charges for the coroners call as well as charges for actual mileage and any other expenses that may have been incurred should be submitted to the county in which has taken jurisdiction of the case. The coroner is also entitled to a monthly salary of a minimum of \$100.00 up to a maximum of \$750.00 depending on what the county has deemed appropriate.

Pathologists performing autopsies on authorized cases shall be paid a fee, which is also set by the Legislature, and paid by the county assuming jurisdiction. Form ME-18 has a section that must be completed prior to turning it in for reimbursement. You would indicate if an autopsy was ordered and if you authorized it. This serves as confirmation for the county officials to reimburse the pathologist for the autopsy.

DEATH CERTIFICATES

The coroner or the deputy coroner is responsible for certifying all deaths which affect the public interest, as outlined in the section of this book under What is a Medical Examiner's Case. In addition to these type deaths, the coroner/deputy coroner will certify deaths when an attending physician refuses or is unable to sign a death certificate. If there is a doubt as to who should certify the death, the coroner shall certify the death. If a physician certifies a death that should have been a coroner's case, Vital Statistics will notify the coroner as well as the physician that the death has been incorrectly certified and it will be the coroners responsibility to investigate and certify the death. Unfortunately, the coroner is not informed of this until well after the fact, therefore, the decedent may be buried before the coroner is notified, thus making the investigation more difficult. When this occurs, however, the death certificate should be completed **in a timely manner**.

Coroner's Responsibilities in regard to Death Registration

- a. To initiate a death certificate for any death which affects the public interest.
- b. To get the death certificate to the funeral home handling the body within 72 hours of death, (as mandated by the State Statute) or, if there is no funeral home involved, to fill out the ENTIRE death certificate and get it in to the office of Vital Records within 5 days of the death.
- c. To provide any additional information about the cause of death that may be requested by the State Department of Health.
- d. To contact the State Department of Health and file a STATEMENT to AMEND CAUSE OF DEATH form upon receipt of any autopsy report, lab reports, or results of any other investigation which might change or add to the cause of death.
- e. To go back, at the request of the State Department of Health and investigate the circumstances of any death for which an improperly certified death certificate has been filed, and sign and file a replacement death certificate.

Amendments to Death Certificate

Once a death certificate has been filed with the State Department of Health in Jackson, it CANNOT be returned to the certifier for any reason, except:

1. If the certificate was not signed by the certifier or
2. If the certifier did not fill in a cause of death

Therefore, if you filed the death certificate with the State and later found out more information on the case that would change the cause or manner then you would have to obtain the STATEMENT TO AMEND CAUSE OF DEATH form from the State Health Department. ALL items in the AMENDED SECTION must be completed, even the ones which are not being changed. The information you put in the amended section will replace what was originally put in the cause of death section. This amended form will be attached to the back of the original death certificate and it will be part of any certified copies of that death certificate. The original death certificate will not be altered in any way. Once you complete this amendment form and send it in, you cannot change the cause of death again without a court order.

The only person who is authorized to complete a STATEMENT TO AMEND CAUSE OF DEATH is the person who originally signed the certificate as certifier, or the State Medical Examiner.

The coroner is responsible for completing the following sections of the death certificate:

1. Name
 - 3a Hour of death
 - 3b Date of death
 - 7a County of death
 - 7b City or town of death

- 7c Hospital or other institution name and number
- 7d Specify if inpatient or outpatient
- 23a Certifier
- 23b Mailing address
- 24e Signature
- 24f Title
- 24g Date signed
- Complete Cause of Death section

Blank death certificates may be obtained from the State Health Department, Vital Statistics Department.

TOXICOLOGY

SUGGESTIONS FOR HANDLING TOXICOLOGICAL SPECIMENS

In all investigations of death affecting the public interest where an autopsy will not be performed, obtain or attempt to obtain, urine and vitreous fluid from the decedent.

The Mississippi Crime Laboratory will perform requested analyses of specimens submitted by the Medical Examiners when the results of the analyses are to be used for the investigation of a Medical Examiner case. When submitting specimens for toxicological analysis a completed TOXICOLOGY REQUEST FORM and EVIDENCE SUBMISSION FORM should accompany the specimens to the laboratory. When completing these forms be sure to give a brief case history on the individual and circumstances surrounding their death as well as testing requests. This is necessary in order to perform the toxicological analyses which will provide you with the most information. Results will be reported in written form to the agency submitting the specimen and to other involved personnel when requested on the Evidence

Submission Form.

Each specimen should be collected in sealed containers and individually labeled with the decedents name and identifying case number.

Blood alcohol analysis should be performed on most deaths. Blood submitted for alcohol analysis should be collected in grey top test tubes. Specimen should be sent via first class mail. Refrigeration when mailing is not mandatory when a preservative is present. Mailing times should be selected, however, to avoid specimens arriving at the laboratory during weekends and holidays.

POSTMORTEM SAMPLES FOR TOXICOLOGICAL ANALYSIS

If an autopsy is to be performed, consult with the pathologist concerning what samples are to be drawn. All samples must be drawn before embalming in order to avoid dilution of body fluids as well as possible adulteration of drugs or poisons present.

The Toxicology Department of the Mississippi Crime Laboratory performs routine analyses on postmortem samples. The most common biological fluids submitted are blood, urine and vitreous fluid. Other samples that may be analyzed include, but are not limited to:

- Gastric contents
- Organ tissue samples
- Bile
- Bone marrow
- Nails
- Hair

The different samples and quantities of each sample that should be collected are dependent on the circumstances of the case. Any questions concerning the collection and preservation of postmortem samples should be directed to:

MISSISSIPPI CRIME LABORATORY
TOXICOLOGY DEPARTMENT
1700 EAST WOODROW WILSON
JACKSON, MS

PHONE: (601) 987-1600

Collection and Preservation

Collection of proper samples is the first step for meaningful toxicological analysis. Secondly, these samples must be preserved to maintain their integrity. Improper preservation may destroy any drugs or poisons in the sample.

Refrigeration

All samples should be refrigerated if not submitted with 48 hours of collections. In certain circumstances, the sample should be frozen if refrigeration alone will not preserve a suspected toxin. Samples should not be repeatedly frozen and thawed.

Blood

Because blood circulation is the distribution system of the body, most drugs and toxins will be found in a blood sample. Some toxins, however, will not remain in the blood; therefore, very low concentrations of the toxin, or even none at all, may be detectable in the blood. Overall, blood is the specimen of choice for toxicological analysis.

Urine

Most drugs and toxins are eliminated from the body through the kidneys into the urine making urine an excellent sample for screening of drugs and toxins in toxicological analyses. Urine should always be collected and submitted whenever possible.

Vitreous Fluid

The fluid from the eye (vitreous fluid) is an invaluable sample in circumstances where other samples may have been contaminated. Because the eye is very protected, there is less chance of contamination. Vitreous fluid should always be collected where the presence of ethanol is suspected.

Gastric Contents

Many drugs and poisons enter the body by oral ingestion. If death occurs soon after ingestion any drug or poisons present will be found in greater quantities and in the original form (before metabolism) in stomach contents than in other samples.

Body Organs

Different drugs and poisons exert their principal effects on different target organs. If an unknown drug or poison is suspected, adequate portions of the organ should be saved, usually frozen. If a specific drug or poison is suspected, consult the Toxicology Department for target organs. Some target organs include:

- Brain
- Kidney
- Liver
- Spleen

Other Fluids

Other fluids in the body may be of significance in toxicological analysis. Some of these fluids include bile, some intestine contents and major joint fluid (i.e., knee).

Special Samples

Deaths that occur under unusual circumstances sometime call for unusual samples. Deaths resulting from a suspected toxic gas may require collection of lung tissue. Heavy metal poisons usually concentrate in bone, nails and hair. Identification of poisons in the tissues may be used in conjunction with results from other tissues to determine extended exposure.

Carbon monoxide analysis is common in cases of fire death or carbon monoxide poisoning. Whole blood

collected in a purple top tube should be submitted for carbon monoxide analysis. For any case in which special circumstances arise, consult with the Toxicology Department on what samples will be needed. Although the Mississippi Crime Laboratory has many capabilities, we are unable to perform HIV testing.

Quantities of Samples

As a general rule, the following should be submitted in a death investigation for toxicological analysis:

- Two tubes of blood (minimum)
- One tube of vitreous fluid
- One specimen container of urine

The Toxicology Department of the Mississippi Crime Laboratory and the Medical Examiner's Office have postmortem specimen collection kits that contain two 12 ml gray top test tubes for blood, one 12 ml red top test tube for vitreous fluid and a specimen container for urine. Due to the presence of multiple drugs or other circumstances, additional samples may need to be submitted. If an overdose is suspected, all available urine and 3 to 4 full tubes of whole blood should be submitted along with samples of any target organs.

Collection of Samples

Contamination must be avoided when collecting biological samples for toxicological analysis. Contamination from other biological fluids or outside substances may render any toxicological findings insignificant. Some of the ways that a sample may be contaminated are:

- Embalming
- Gastric contents mixing with blood in the body cavity in cases of severe trauma

Preservation of Samples

All biological samples should be properly preserved to protect against decomposition and contamination. Some of the ways to preserve biological samples are:

- Rapid delivery to the laboratory
- Chemical preservation that neither dilutes or adulterated the sample
- Refrigeration or freezing

Chain-of-Custody

The chain-of-custody of forensic evidence must be maintained at all times. One way to ensure chain-of-custody is to limit the number of persons in the chain. Those persons involved in the chain should be

legibly documented.

Submission of Samples

The preferred manner of evidence delivery is by hand to the laboratory. Evidence may also be mailed to the laboratory. The Branch laboratories of the Mississippi Crime Laboratory will accept toxicological evidence, however, it is preferred that all toxicological evidence be hand delivered or mailed to the main laboratory.

FORMS

RESOURCE INFORMATION

RESOURCE INFORMATION

AGENCY	PHONE	CONTACT PERSON
State Health Department Vital Statistics	601 576-7746	Ann Leach
SIDS Coordinator State Health Department	800 489-7670	
Mississippi Organ Recovery	1-800 362-6169	
Product Safety Investigator	601 924-8370	Kim Pigott
OSHA	601 965-4606	
Department of Mining	205 290-7300	
Department of Maritime	504 589-6556	
Forensic Odontologist	601 984-6060	Dr. Krolls
Forensic Anthropologist	601 554-5546 615 449-0840	Dr. Waldrip Dr. Berryman
Toxicology Department Mississippi Crime Laboratory	601 987-1600	Tom Pittman
Administrator State Medical Examiner's Office	601 987-1440 601 987-1631 601 506-5081	Sam Howell